

September 1, 2010 - August 31, 2011

WEST PARISH CHURCH - REGISTRATION & EMERGENCY INFORMATION

Child/Youth's Name _____ Nickname _____ DOB _____

Grade in September _____ School _____

Address (incl zip code) _____

Home Phone _____ Youth's Cell Phone _____

Parent's E-mail(s) _____ Youth's E-mail _____

Mother/guardian _____ Cell _____ Alternate Phone _____

Father/guardian _____ Cell _____ Alternate Phone _____

Has your child been baptized? _____ Has your child been confirmed? _____

The following persons are authorized to pick up my child _____

The following person is NEVER authorized to pick up my child (e.g. Court Order) _____

Please help me find transportation for my child on Sunday mornings. Yes _____ No _____

Local Emergency Contacts (other than a parent/guardian):

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Doctor _____ Phone _____

Insurance Carrier _____ Policy Number _____

Name of Policy Holder _____ Medications _____

Allergies _____ Symptoms of Allergic Reaction _____

Necessary Emergency Measures (epipen etc.) _____

Dietary Restrictions _____ Significant Health/Behavior Issues _____

CONSENTS & MEDICAL RELEASE FOR CHURCH ACTIVITIES AND FIELD TRIPS

I give my permission for my child to participate in various activities, both at the church and away from the church campus from September 1, 2010 – August 31, 2011. I hereby release West Parish Church, its leaders, employees, and volunteers from any liability whatsoever for any injury or problem occurring during participation in these activities or field trips or in exercising this permission. I understand that if transportation is necessary for an outing, it may be provided by West Parish Church employees or volunteers.

I give my permission for my child's photo to be posted on the church website or published in West Parish Church bulletins, newsletters, press releases and/or marketing materials. I understand that no names or other identifying information will be included. Yes _____ No _____

In the case of an emergency, I authorize an adult leader (person must be 21 years of age) to consent to any diagnostic and/or medical treatment for my child deemed necessary by a licensed physician or dentist while participating in church-sponsored activities (including examination, X-ray, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care) with the stipulation that a reasonable attempt will be made to contact me or my designated alternates at the phone numbers listed above before any treatment is given to my child.

Signature of parent/guardian _____ Date _____